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UTILITY
PATENT APPLICATION
TRANSMITTAL
Only for new nonprovisional applications under 37 CFR 1.53(b))

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Attorney Docket No.	S S S	
First Named Inventor or Application Identifier		38 00
Daniel Laurent		000
Express Mail Label No:	Ev095155186US	223

	ADDI ICATION EL ENE	NTC		533 Wan L		Mail Ctan	
See MPEP chapter 600 concerning utility patent application contents.		s. 🖊	ADDRESS TO: Mail Stop Patent Application Commissioner for Patents P.O. Box 1450 Alexandria, VA 22313-1450				
Fee Tran	semittal Form			$\overline{}$		Alexandin	a, VA 22313-1430
I 1.I X I	Fee Transmittal Form (Submit an original, and a duplicate for fee processing)			7. CD-ROM or CD-R in duplicate, large table or Computer Program (Appendix)			
	Applicant claims small entity status. See 37 CFR 1.27.		8		Nucleotide and/or Amino Acid Sequence Submission (if applicable, all necessary)		
3. X Specifica	ation Total Pa	ages 18			a (Computer Readable	e Form (CRF)
b. Specification Sequence Listing on				sting on:			
4. X Drawing	X Drawing(s) (35 USC 113) Total Sheets 2				i. CD-ROM or CD-R (2 copies); or		
5. Oath or I	h or Declaration Total Pages ii. paper						
a	Newly executed (original or	сору)			c \$	Statements verifyin	g identity of above copies
					ACCOM	IPANYING APPLIC	CATION PARTS
b	Copy from a prior application (for continuation/divisional with		9.		Assignment	Papers (cover sheet	t & document(s))
Ā	i. DELETION OF IN Signed Statement a		10	0.		3(b) Statement e is an assignee)	Power of Attorney
1		n the prior application	, see	1.	English Tra	anslation Documen	t (if applicable) .
6. X Applicati	6. X Application Data Sheet. See 37 CFR 1.76		1:	2. X		Disclosure (IDS)/PTO-1449	Copies of IDS Citations
			1:	3	Preliminary	Amendment	•
		<i>F</i>	14	4. X		eipt Postcard (MPi	
	\	ţ		5. X	Certified Co	opy of Priority Docu	ument(s)
				$\overline{}$		priority is claimed)	
			1	6	Other:		
47. 16 - 001/71111	NIO ADDITIONAL A						
17. If a CONTINU	ING APPLICATION, check ap	propriate box and s	upply the i	requisite	information:		
Continuation Divisional Continuation-in-part (CIP) of prior application No/ Prior application information: Examiner Group/Art Unit:							
For CONTINUATION OR DIVISIONAL APPS only: The entire disclosure of the prior application, from which an oath or declaration is supplied under Box 5b. is							
considered a part of the disclosure of the accompanying continuation or divisional application and is hereby incorporated by reference. The incorporation can only be relied upon when a portion has been inadvertently omitted from the submitted application parts.							
18. CORRESPONDENCE ADDRESS							
X Customer Number or Bar Code Label (Insert Customer No. or Attach bar code label here) or Correspondence address below				pondence address below			
NAME	John D. Murnane	·	· · ·				
NAME	Fitzpatrick, Cella, Harpe	er & Scinto					
Addross	30 Rockefeller Plaza				_		
Address	39th Floor						
City	New York	State	NY			Zip Code	10112
Country	USA	Telephone	212-218	3-2100		Fax	212-218-2200

CLAIMS	(1) FOR	(2) NUMBER FILED	(3) NUMBER EXTRA	(4) RATE	(5) CALCULATIONS
	TOTAL CLAIMS (37 CFR 1.16(c))	71 -20 =	108	X \$ 18.00 =	\$918
	INDEPENDENT CLAIMS (37 CFR 1.16(b))	1 -3 =		X \$ 86.00 =	\$
	MULTIPLE DEPENDENT	T CLAIMS (if applicable) (37	CFR 1.16(d))	\$290.00 =	\$290
,				BASIC FEE (37 CFR 1.16(a	
	Y		Total of	above Calculations	\$1,978
	Reduction by	50% for filing by small en	tity (Note 37 CFR 1.9, 1	1.27, 1.28).	
				TOTAL :	= \$1,978
9. Sm a. b.		ntity statement is enclose ntity statement was filed in ed.		al application and su	ch status is still proper
a. b. c. 20.	A small er A small er A small er and desire Is no long X A check in the amo	ntity statement was filed in ed. er claimed. ount of \$ <u>1,978</u> to co	n the prior nonprovisions	osed.	ch status is still proper
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a. b. c. 20.	A small er A small er and desire Is no long X A check in the amo A check in the amo e Commissioner is hereby 06-1205: X Fees requ	ntity statement was filed in ed. er claimed. ount of \$ 1,978 to coount of \$	n the prior nonprovisional the prior nonprovisional ver the filing fee is enclosed the recordal fee is a	osed. enclosed.	

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT REQUIRED			
NAME	John D. Myrnane		
SIGNATURE	The W. / Morning		
DATE	December 10, 2003		

Form #125

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